

# Foster Family Home - Corrective Action Report

Provider ID: 1-110086

Home Name: Marivic Visaya, CNA

Review ID: 1-110086-9

91-1017 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/13/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

corrective action required to CTA within 30 days

## Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 1 steps

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50 e The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home. There is also no doorbell at the front door

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Client # 2 medication administration record has not been signed since 10/05/20 for 3 medications

Jackie Chamberlain RN  
Compliance Manager

MBL  
Primary Care Giver

10/13/2020  
Date

10/13/20  
Date

10/13/2020 19:45 PM

**CTA RN Compliance Manager:**

Reply to Terri Van Houten RN / Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marivic Visaya

(PLEASE PRINT)

CCFFH Address: 91-1017 Pailani Street, Ewa Beach HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.(a)(4)	Installed wheelchair ramp for access to the kitchen.	10/15/20	Wheelchair ramp always in place.
50.(e)	Installed a doorbell to the gate and in the entrance door.	10/13/20	Doorbell permanently in place and will do battery check every week.
54.(c)(5)	Medication log signed	10/13/20	After administered the client medication, I'll make sure to sign the medication log.

☒ All items that were fixed are attached to this CAP

PCG's Signature:

MsVinger

Date: 10/27/20

☒ CTA has reviewed all corrected items